

Modern Aesthetics

APPLICATION FOR EMPLOYMENT

Please print clearly and complete all information requested. If you need assistance in completing the application, please contact Human Resources.

Name: _____
Last First Middle

Address: _____
Street: City State Zip

Home Phone: () _____ Cell Phone: () _____ E-mail: _____

POSITION DESIRED

Position Applying For: _____

Desired Salary: _____ Date Available: _____

Type of Work Desired: Full Time Part Time Either

PERSONAL INFORMATION

If hired, can you present proof of your legal right to work in the United States?	[] Yes	[] No
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Are you at least 18 years of age or older? If "no," a work permit may be required.	[] Yes	[] No
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For reference purposes, have you worked under, or been known by, another name? If yes, please list other name(s):	[] Yes	[] No
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Are any relatives or members of your household currently employed by us?	[] Yes	[] No
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As part of the selection process, if you are provided with an offer of employment, it will be contingent upon, among other requirements, your completion of a criminal background check to the maximum extent permitted by law. Do you understand this requirement? <small>(Note: A conviction is not an automatic bar to employment. The nature of the offense, date of offense, the surrounding circumstances and relevance of the offense to the position applied for will be considered.)</small>	[] Yes	[] No
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If you are seeking a position that requires a professional license/certification, has your license/certification ever been revoked, suspended, limited, and/or are you currently the subject of a proceeding that could affect your license/certification? If yes, please explain:	[] Yes	[] No
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Have you ever been sanctioned, suspended, or barred from participation in any Federal Health Care Programs such as Medicare or Medicaid? If yes, please explain:	[] Yes	[] No
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Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? If yes, please explain.	[] Yes	[] No
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Modern Aesthetics is an Equal Opportunity Employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited

by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Office Manager.

EDUCATION AND TRAINING				
Type of School	Name and Location	No. of Years Completed	Major & Degree	Did You Graduate
High School/ GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL SKILLS	
<p>Licenses/Certificates:</p> <p>Keyboarding WPM:</p> <p>Office Equipment:</p> <p>Foreign Language Skills (optional):</p> <p><input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____ <input type="checkbox"/> Interpret and/or translate _____</p> <p>Do you have any other experience, training, qualifications or skills which you feel makes you especially suited for the position applied for? If so, please explain.</p>	<p>Answer only if position applied for requires driver's license.</p> <p>Do you have a valid California driver's license?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computer Programs:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

EMPLOYMENT HISTORY	
<p>For the last 10 years, starting with most recent, list each job held and account for all periods between jobs. Attach additional sheets if necessary.</p>	
<p>EMPLOYER:</p> <p>Address:</p> <p>Phone:</p> <p>Date Started: _____ Date Left: _____</p> <p>Title or Position:</p>	<p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Supervisor's Name:</p>

Duties and Responsibilities:	Reason for Leaving:
Account for periods of unemployment between jobs:	
EMPLOYER: Address: Phone: Date Started: Date Left: Title or Position:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor's Name:
Duties and Responsibilities:	Reason for Leaving:
Account for periods of unemployment between jobs:	
EMPLOYER: Address: Phone: Date Started: Date Left: Title or Position:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor's Name:
Duties and Responsibilities:	Reason for Leaving:
Account for periods of unemployment between jobs:	
EMPLOYER: Address: Phone: Date Started: Date Left: Title or Position:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor's Name:
Duties and Responsibilities:	Reason for Leaving:
Account for periods of unemployment between jobs:	

PERSONAL REFERENCES			
Please list two persons not related to you who can provide professional and/or character references.			
Name	Telephone No.	Address	Years Acquainted
1.	()		
2.	()		

CERTIFICATION

Important, please read carefully and sign.

I hereby certify that the information on this application and all other information otherwise provided is true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that if I am offered employment, such offer may be and is conditioned upon the successful completion of a reference check, background investigation (including, but not limited to, a criminal background check), applicable licensure/certification verifications, and I-9 verification.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Modern Aesthetics can terminate the relationship at will, with or without cause, at any time with or without prior notice. I further acknowledge that the only manner in which the “at will” nature of the employment relationship can be altered is by means of a specific written agreement signed by me and Modern Aesthetics.

I understand that should a search of public records (including records documenting conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Modern Aesthetics, I am entitled to copies of any such public records obtained by Modern Aesthetics unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature _____

Date: _____